



1624/17
Patent

Attorney's Docket No. 002010-685

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of)
)
James E. Audia, et al.) Group Art Unit: 1624
)
Application No.: 09/882,777) Examiner: B. Kifle
)
Filed: June 14, 2001) Confirmation No.: 1280
)
For: POLYCYCLIC α -Amino- ϵ -)
CAPROLACTAMS AND RELATED)
COMPOUNDS)

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AMENDMENT/REPLY TRANSMITTAL LETTER

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Enclosed is an Amendment and Reply in response Office Action, mailed on February 4, 2003, for the above-identified patent application.

- ☐ A Petition for Extension of Time is also enclosed.
- ☐ A Terminal Disclaimer and the ☐ \$55.00 (2814) ☐ \$110.00 (1814) fee due under 37 C.F.R. § 1.20(d) are also enclosed.
- ☒ Also enclosed are a Fourth Information Disclosure Statement Transmittal Letter, Fourth Information Disclosure Statement, PTO-1449 form (in duplicate) and 1 reference.
- ☐ Small entity status is hereby claimed.
- ☐ Applicant(s) request continued examination under 37 C.F.R. § 1.114 and enclose the ☐ \$375.00 (2801) ☐ \$750.00 (1801) fee due under 37 C.F.R. § 1.17(e).
- ☐ Applicant(s) previously submitted ___, on ___, for which continued examination is requested.
- ☐ Applicant(s) request suspension of action by the Office until at least ___, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.
- ☒ No additional claim fee is required.
- ☐ An additional claim fee is required, and is calculated as shown below:

(02/03)

A M E N D E D C L A I M S					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims	89	MINUS 89 =	0	× \$18.00 (1202) =	.00
Independent Claims	3	MINUS 3 =	3	× \$84.00 (1201) =	.00
If Amendment adds multiple dependent claims, add \$280.00 (1203)					
Total Amendment Fee					.00
If small entity status is claimed, subtract 50% of Total Amendment Fee					
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					.00

☒ A check in the amount of \$ 180.00 for the IDS fee is enclosed.

☐ Charge \$_____ to Deposit Account No. 02-4800.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

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Date: April 15, 2003